

**NEW YORK STATE DEPARTMENT OF HEALTH
HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
ATTACHMENT #2.7
REQUEST TO RESCIND ELECTION STATUS**

GENERAL INSTRUCTIONS:

Once an election to pay the Public Goods pool directly is made, it remains in effect unless rescinded in writing by the electing entity. A payor or third party administrator (TPA) may rescind its election on a quarterly basis, provided they have notified the Department's Office of Pool Administration, **in writing**, of their intention to rescind **at least 30 days prior to the beginning of the calendar quarter in which they wish to rescind**.

By filing an Attachment 2.7, you are requesting a rescission of your election status. If you are a self-insured fund that uses more than one TPA for claims processing, you are rescinding your election status for every TPA through which you have previously elected. If you are a TPA, you will no longer be able to file reports or make payments on behalf of your clients once you rescind your election status.

When an election is rescinded, a payor's reporting requirements do not cease. Reports for run-off claims are required to be filed with the Office of Pool Administration for a period of one year following the end of the year in which the election was rescinded or revoked or until all claims for the period during which the payor was an elector have been adjudicated. Once an election is rescinded, an entity can only re-elect, in accordance with the time schedule specified within the Public Health Law, by submitting a new election application to the Office of Pool Administration.

Deadlines for filing Attachment #2.7 in any given year:

FOR RESCISSION TO BE EFFECTIVE AS OF MIDNIGHT ON:	APPLICATION MUST BE POSTMARKED BY:
March 31	March 1
June 30	May 31
September 30	August 31
December 31	December 1

NOTE 1: Section B of Attachment #2.7 - Third Party Administrator (TPA) Rescission Section is to be completed **only** by a TPA wishing to rescind its own election. It is **NOT** to be completed by a payor who is rescinding. A payor wishing to rescind its election should complete Section A only.

NOTE 2: If you are a self-insured fund converting to fully insured, do not use this form. Attachment #2.5 should be used for this purpose. If you want to change your TPA, you should file Attachment #2.6. Do **NOT** file this form unless you want to rescind your election.

Any questions regarding the rescission of an election should be directed to the Office of Pool Administration at (315) 671-3800

<p style="text-align:center"><u>MAIL THIS ATTACHMENT TO:</u> Mr. Jerome Alaimo, Pool Administrator Office of Pool Administration Excellus BlueCross BlueShield, Central New York Region PO Box 4757 Syracuse, NY 13221-4757</p>

**NEW YORK STATE DEPARTMENT OF HEALTH
HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
ATTACHMENT #2.7
REQUEST TO RESCIND ELECTION STATUS**

RESCISSION TO BE EFFECTIVE AS OF MIDNIGHT ON:	
<input type="checkbox"/>	March 31, 200__
<input type="checkbox"/>	June 30, 200__
<input type="checkbox"/>	September 30, 200__
<input type="checkbox"/>	December 31, 200__

Please read the instructions, which accompany this form, prior to filling it out. The instructions give specific details as to the effect of filing this form.

SECTION A: PAYOR RESCISSION SECTION - to be completed and signed by a payor wishing to rescind its election status. NOT to be completed by third party administrator.

FEDERAL EIN #:	
PAYOR NAME:	
D/B/As (IF APPLICABLE):	
ADDRESS:	
CONTACT PERSON:	
PHONE #:	

As a payor, we are rescinding our election for the following (check all that apply):

☐ *self-insured fund* ☐ *other than self-insured fund*

Payor Signature:_____ Date:_____

SECTION B: THIRD PARTY ADMINISTRATOR (TPA) RESCISSION SECTION - to be completed and signed by a TPA wishing to rescind its own election status. NOT to be completed by a payor wishing to rescind.

FEDERAL EIN #:	
TPA NAME:	
ADDRESS:	
CONTACT PERSON:	
PHONE #:	

☐ As a TPA, we are rescinding our election and will no longer file reports or make payments to the Pool Administrator on behalf of our clients.

TPA Signature:_____ Date:_____